

Correct Welltag id: AGA 948
Incorrect DOE listed as: AGA 944^{29/02-08}

Application No.

Permit No. _____

Bearing and distance from section or subdivision corner

(10) WELL LOG:

Formation: Describe by color, character, size of material and structure, show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Top Soil	0'	1'
GRAVEL	1'	12'
HARD PAN GRAY	12'	13'
w/w Course Sand GRAY	135'	13'

(6) CONSTRUCTION DETAILS:

Perforations: Yes ☐ No ☒

Type of perforator used.....			
SIZE of perforations	in. by	in.	
..... perforations from	ft. to	ft.	
..... perforations from	ft. to	ft.	
..... perforations from	ft. to	ft.	

Screens: Yes ☒ No ☐

Manufacturer's Name COOK
Type SS well Model No. _____
Diam. 6 Slot size 8 from 139 ft. to 144 ft.
Diam. 6 Slot size 12 from 144 ft. to 149 ft.

Gravel packed: Yes ☐ No ☒ Size of gravel:
Gravel placed from ft. to ft.

Surface seal: Yes ☒ No ☐ To what depth? 10 ft

Material used in seal Peat/bark
Did any strata contain unusable water? Yes ☐ No ☒
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name SPA-RSC
Type: Sub HP 3

(8) **WATER LEVELS:** Land-surface elevation above mean sea level..... 126
 Static level 114..... ft. below top of wall Date.....
 Artesian pressure..... lbs. per square inch Date.....
 Artesian water is controlled by..... (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☒ No ☐ If yes, by whom? Driller
Yield: 30 gal./min. with 2 ft. drawdown after 6 hr

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

[illegible]

Date of test
 Bailer test gal./min. with ft. drawdown after hrs.
 Artesian flow g.p.m. Date
 Temperature of water Was a chemical analysis made? Yes ☒ No ☐

Work started July 8, 1980. Completed July 15, 1980.

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME B & B Drilling Co.
(Person, firm, or corporation) (Type or print)

Address D.C. Box 55 Fretton

[Signed] James M. E. Wilson
(Well Driller)

License No. 263 Date 8/28, 1968

(USE ADDITIONAL SHEETS IF NECESSARY)



Well Tagging Form

Unique Well Tag No: AGA948

RECORD VERIFICATION (check ☒ one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name: BUSH PT. TRAC PK, INC

Last Name: _____

Street Address: _____

City: _____

State: _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: 550 TANGLEWILDE LN

City: _____

County: _____

T. _____ N. R. _____ W.M. Sec. _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available:

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

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DEPT. OF ECOLOGY

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

ical Description of well (size of casing, type of well, housing, etc.)

"CASING INSIDE ROUND CONCRETE PIPE W/ CONCRETE LID, PAINTED

CEST GREEN. ADJ TO SEE #2 ~~AND~~ P.H. AND RES. ^{CONCRETE} ALL

CEST GREEN.

ion of Well identification Tag:

case pipes

supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

where was tag placed?

Scale 1:24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

C	B	A
F	G	H
L	K	J
P	Q	R

IENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # _____

Date Issued _____

One: Application Permit Certificate Claim Exempt

10

WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

09930

Unique Well Tag No: AGA ~~000~~ 944

RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

Ju #1

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name BUSH PT TERRACE COMM

Last Name _____

Street Address _____

City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address DOLPHIN / BUSH PT Rd

City _____ County _____

T _____ N R _____ W M Sec _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available:

☐ Location marked on topographic map (please attach)

☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size or casing type or well housing etc)

4" CASING INSIDE BROWN / CED HEAD HOUSE (~ 3' x 3' x 35')

ADJ TO SRC #2, PH AND RES ^{CONCRETE} PH IS RED/BROWN

1/ SIDING ON LABELED ROCK

Location of Well identification Tag

Is supplemental tag needed for ease of identifying well?

☐

Yes

☐

No

Where was tag placed?

C	B	A
F	G	H
L	K	J
P	Q	R

Scale 1 24 000 (1 = 2 000')

Indicate the location of the well within the Section by drawing a dot at that point

SECTION _____

Comments

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # _____

Date Issued _____

One

Application

Permit

Certificate

Claim

Exempt

USE ADDITIONAL SHEETS IF NECESSARY